

TO: The Honorable Toni Nathaniel Harp, Senate Chair
The Honorable John Geragosian, House Chair
The Honorable Dan Debicella, Senate Ranking Member
The Honorable Craig Miner, House Ranking Member
Members of the Appropriations Committee

The Honorable Paul Doyle, Senate Chair
The Honorable Toni Walker, House Chair
The Honorable Robert Kane, Senate Ranking Member
The Honorable Lile R. Gibbons, House Ranking Member
Members of the Human Services Committee

FROM: Michael P. Starkowski
Commissioner

RE: **PROPOSED 1915(c) HOME AND COMMUNITY BASED SERVICES
WAIVER AMENDMENT**

DATE: April 5, 2010

Enclosed please find a waiver amendment to Connecticut's Home and Community Based Services Waiver (0140.90R3), the Home and Community Based Services Waiver for Elders, ages 65 and older. The purpose of the amendment is to add Personal Care Assistance as a waiver service as required by PA 09-64. We are proposing to offer this as a self-directed service, giving employer authority to waiver participants. The service has been available to waiver participants as a fully state funded service since July 2000. The effective date being requested for these changes is July 1, 2009. The 2005 waiver application that we are proposing to amend can be found at <http://www.ct.gov/dss/lib/dss/pdfs/2005waiverapplication2.pdf>.

Thank you for the opportunity for us to share this with you prior to our submission to CMS. I look forward to the opportunity to present the proposed amendment in greater detail before your committees.

Thank you.

cc: The Honorable M. Jodi Rell, Governor
The Honorable Robert Genuario, Secretary, OPM

**SECTION 1915(c) HOME AND COMMUNITY-BASED SERVICES WAIVER
APPLICATION**

9. A waiver of the "statewideness" requirements set forth in section 1902(a)(1) of the Act is requested.

a. ☒ Yes

b. ☐ No

If yes, waiver services will be furnished only to individuals in the following geographic areas or political subdivisions of the State (Specify):

Assisted living services shall be limited to service areas covered by Pilot Projects established under Public Act 97-2 of the June 18th Special Session and See PA 97-2 and PA 98-239 and PA 02-7.

10. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to individuals served on the waiver.

11. The State requests that the following home and community-based services, as described and defined in Appendix B.1 of this request, be included under this waiver:

a. ☒ Case management

b. ☒ Homemaker

c. ☐ Home health aide services

d. ☒ Personal care services

e. ☒ Respite care

f. ☒ Adult day health

g. ☐ Habilitation

☐ Residential habilitation

☐ Day habilitation

STATE: Connecticut

DATE: Feb. 2010

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature:

Print Name: Mark Schaefer

Title: Director of Medical Care Administration

Date: April 5, 2010

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0449. The time required to complete this information collection is estimated to average 160 hours for each new and renewed waiver request and an average of 30 hours for each amendment, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: CMS, P.O. Box 26684, Baltimore, Maryland 21207 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

STATE: Connecticut

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☐ Payment will not be made for personal care services furnished by a member of the individual's family.

☒ Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent), or to an individual by that person's spouse. For Waiver participants who reside with a family member that is being paid as a PCA, the payment for PCA services is limited to hands on care only and there will be no reimbursement to that family member for the usual household functions including but not limited to, housekeeping, shopping, laundry, meal preparation and transportation.

Justification attached. (Check one):

☒ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.

☐ Standards for family members providing personal care services differ from those for other providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by (Check all that apply):

☐ A registered nurse, licensed to practice nursing in the State.

☐ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.

☒ Case managers

☐ Other (Specify):

3. Frequency or intensity of supervision (Check one):

APPENDIX B-2

PROVIDER QUALIFICATIONS

A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administrative Code are referenced by citation. Standards not addressed under uniform State citation are attached.

Service	Provider	License	Certification	Other Standard
1b-1-a Care Management	Registered Nurse or Social Worker	CT Regulations 19-13-D66-D79		CT Regulations 17b-342-2(a)
2B-1b Homemaker	Non relative able to meet the individual's needs. In addition, laundry services may be provided by professional cleaning companies			CT Regulation 17b-342-2(h)
3B-1-e Respite	Nurse, Home Health Aide, Companion, etc. depending on the need and the reason authorized			CT Regulations 17b-342-2(l)
4B-1-f Adult Day Health	Adult Day Health Center			CT Regulations 17b-342-2(b)
5B-1-j Transportation	Private and Commercial Carriers			CT Regulations 17b-342-2(m)
6B-1-l Chore	Non relative able to meet the Individual's needs			CT Regulations 17b-342-2(c)
7B-1-m PERS	PERS Provider with 24 hours Response capability			CT Regulations 17b-342-2(k)
8B-1-n Companion	Non relative able to meet the Individual's needs			CT Regulations 17b-342-2(d)
9B-1-t Mental Health Counseling	Masters level or Certified Social Worker or Counselor			CT Regulations 17b-342-2(j)
10B-1-s Home Delivered Meals	Home Delivered Meals Providers			CT Regulations 17b-342-2(f)
11B-1-r Adult Family Living	Private, Non-relative's residence That meets standard			CT Regulations 17b-342-2(e)

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APPENDIX F - AUDIT TRAIL

a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.
2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

3. Method of payments (check one):

☐ Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

☒ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

☐ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

☐ Other (Describe in detail):

STATE: Connecticut

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APPENDIX G-8

APPENDIX G - FINANCIAL DOCUMENTATION

APPENDIX G-1

COMPOSITE OVERVIEW

COST NEUTRALITY FORMULA

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g. hospital and nursing facility), complete a Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: NF

YEAR	FACTOR D	FACTOR D'	FACTOR G	FACTOR G'
1	8,016	4,304	49,620	3,317
2	8,326	5,164	51,000	3,447
3	8,356	5,964	53,000	3,577
4	8,395	6,824	55,000	3,707
5	8,992	6,580	57,000	3,837

APPENDIX G-2
 FACTOR D
 LOC: NF

Demonstration of Factor D estimates: (see Attachment 4)

Waiver Year 1 _____ 2 _____ 3 _____ 4 _____ 5 x _____

Waiver Service	#Undup. Recips. using service	Avg. # annual units/user	Avg. Unit Cost of service	TOTAL
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Column A	Column B	Column C	Column D	Column E
1. Case Management	16,000	340	Per day 4.75	25,840,000
2. Adult Day Health	2,100	89	Per day 65	12,148,500
3. Chore	2,900	400	1/4 hour 4.2	4,872,000
4. Companion	5,000	990	1/4 hour 3.71	18,364,500
5. Adult Family Living	1	365	Per day 37.27	13,604
6. Meals	6,500	350	2 meals 9	20,475,000
7. Homemaker	9,250	1,205	1/4 hour 4.2	46,814,250
8. Mental Health Counselor	620	18	per home visit 55.87	623,509
9. Personal Emerg. Response	9,100	12	Per month 60.09	6,561,828
10. Respite	200	30	Per day 167	1,002,000
11. Non-Medical Transportation	240	30	Per avg trip 20	144,000
12. Assisted Living	300	12	Per month 1,100.00	3,960,000
13. Minor Home Mods	30	1	Per Unit 2,000.00	60,000
14. Personal Care Assistant	300	2,340	Per Unit 13.88	9,742,228
Grand Total (sum of Column E):				150,621,419
Factor C				16,750
Factor D (per capita average) : Divide total by Factor C:				8,992

AVERAGE LENGTH OF STAY: 340

STATE: Connecticut

DATE: February 2010